1355129

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPT

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:					
Estimated average burden					
hours per respons	se16.00				

SEC US	SE ONLY					
Prefix	Serial					
	1					
DATE R	DATE RECEIVED					
	1					

UNIFORM LIMITED OFFERING EXEMP	TION						
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Senior Convertible Promissory Note	es						
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE -						
A. BASIC IDENTIFICATION DATA							
1. Enter the information requested about the issuer	06025898						
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) PORTAGA, INC.							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
445 Hamilton Avenue, White Plains, NY 10601	(914) 734-1768						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)						
Brief Description of Business							
Travel services							
Type of Business Organization	THUCESSED						
	ease specify):						
business trust limited partnership, to be formed	MAR 0 5 2016						
Actual or Estimated Date of Incorporation or Organization: Old Actual Actual Actual Actual Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL						
GENERAL INSTRUCTIONS							
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.						

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- Attention –

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

W

A PARIC IDID TERRICA DI DATEA									
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.									
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 									
• Each general and managing partner of partnership issuers.									
Check Pay(as) that Apply: M. Bramatar M. Baroffaial Owner M. Branchica Officer M. Director M. Carrerland/as									
Check Box(es) that Apply: X Promoter X Beneficial Owner X Executive Officer X Director General and/or Managing Partner									
RODERT KOST									
Full Name (Last name first, if individual)									
445 Hamilton Avenue, White Plains, NY 10601									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: X Promoter X Beneficial Owner X Executive Officer X Director General and/or									
Managing Partner									
Sam Meo									
Full Name (Last name first, if individual)									
445 Hamilton Avenue, White Plains, NY 10601									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer X Director General and/or									
Steve Larsen Managing Partner									
Full Name (Last name first, if individual)									
445 Hamilton Avenue, White Plains, NY 10601									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter 🔀 Beneficial Owner 🗌 Executive Officer 🔯 Director 📋 General and/or									
Howard Lee Morgan Managing Partner									
Full Name (Last name first, if individual)									
100 Four Falls Corporate Conton West Conshehester DA 10429									
100 Four Falls Corporate Center, West Conshohocken, PA 19428 Business or Residence Address (Number and Street, City, State, Zip Code)									
Dustiness of Residence Address (Families and Street, City, State, 21) Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
tytatuging i artifoli									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or									
Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or									
Managing Partner									
THN									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									

*					BAIN	FORMATI	ON AVEOUU	r (ormanici)	(d. 141)				
1	Tion the S	aassan aa ld		. ! !	4441				thin affini	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							⊠					
2.	Answer also in Appendix, Column 2, if filing under ULOE.						_{\$} 5,0	00					
۷.	What is the minimum investment that will be accepted from any individual?							Yes					
3.	Does the offering permit joint ownership of a single unit?						Tes D	No					
4.			on requeste										
			lar remuner ed is an asso										
	or states,	list the na	me of the br	oker or de	aler. If mo	re than five	(5) person	s to be liste	ed are asso				
- -			you may se		informatio	on for that	broker or d	lealer only	•				
Ful	•		irst, if indir rtners										
Bus			Address (N			tv. State. Z.	in Code)		·				
			Avenue			-	- ,						
Nai			oker or Dea		·								
													
Sta			Listed Has										
	(Check "	All States	" or check i	ndividual	States)			••••••					States
	AL	AK	[AXZ]	AR	CA	CO	XI	DE	DC	FK	GA	HI	ID
	TL	ĪN	IA	KS	KY	LA	ME	MD	NXA.	MI	MN	MS	MO
	MT	NE	NV	NH	TXT	NM	XY	NC	ND	<u> </u>	OK	OR	P _X A
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbf{w}}\mathbf{v}$	WI	WY	PR
Ful	l Name (L	ast name i	řírst, if indi	vidual)					,	· · · · · · · · · · · · · · · · · · ·			
Bus	siness or	Residence	Address (N	lumber and	d Street, C	itv. State. 2	Zip Code)						
					,	,	. ,						
Nai	me of Ass	ociated Br	oker or Dea	ler									
-		' 1 D	Listed Has	0 11 14 1									-
Sia													1 Ctataa
	(Check	All States	" or check i	individuai	States)	***************			•••••			∐ Ai.	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	$\overline{\mathbf{K}}\overline{\mathbf{Y}}$	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (L	ast name	first, if indi	vidual)				····		<u></u>			
		Dagidanaa	Address	Y	d Channel C	ite. Ctota 7	7in Codo)						
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)							l States						
	AL	AK	AZ	AR	CA	[CO]	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE]	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	,	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	<u> </u>	\$
	Equity		\$
	Common Preferred		
	Convertible Securities (including warrants)	1,500,00	0 <u>\$ 1,355,00</u> 0
	Partnership Interests	S	\$
	Other (Specify)	3	\$
	Total	1,500,00	0 <u>\$ 1,355,00</u> 0
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	35	<u>\$1,355,00</u> 0
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 20,000
	Accounting Fees	_	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	<u>—</u>	\$
	Other Expenses (identify) Finders Fees		\$ 81,300
	Total		\$101,300

CONTINUES DE CENTRES OF MENT OF TAXABLE AS OF OF OF MARCHES

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross	3	_{\$} 1,253,700
5.	Indicate below the amount of the adjusted gross proeach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	oceed to the issuer used or proposed to be used for y purpose is not known, furnish an estimate and If the payments listed must equal the adjusted gross	ī 1	•
	•		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		X\$100,000	\$
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installation of macand equipment		□\$	— □ \$
	Construction or leasing of plant buildings and fac		_	_
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ue of securities involved in this ets or securities of another	·	
	Repayment of indebtedness		\$	\$
	Working capital		s	X\$1,153,700
	Other (specify):		\$	 \$
	Column Totals		\$100,000	\$ <u>1,153,7</u> 00
_	Total Payments Listed (column totals added)		<u> </u>	253,700
		- Sanadarii sirminada		and the second second
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Comm	ission, upon writte	
Iss	uer (Print or Type)	Signature 100	Date	
	Portaga, Inc.	1 MASTO	February	13, 2006
Na	me of Signer (Print or Type)	Title of Signer		
_	Robert Kost	Chief Executive Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)